

Work Order ID 96550

January-31-13 10:25:05 AM

96550

Page 1

Item ID: D350-604-041

Accept

N9000040100

Setup Start ***NS1***

Revision ID:

Item Name: Rear Locker Extender

Stop ***NS2***

Start Date: 1/31/13 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 2/22/13 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Approvals: Process Plan: ML5 Date: 13-01-31 Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start ***NR1***
Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D2273	G								
D350-604-041	B								
100		0.00							
100	DOCUMENT CONTROL								
DC	Memo	0.00							
Document Control	Photocopy bluefile and create labels per PPP D350-604-041 CHG004								
110		0.00							
110	PURCHASING								
Purchasing	Memo	0.00							
Purchasing	Issue P/O: <u>19117</u> Description: D350-604-041 Rear locker extender. Certification of Conformity and process sheet from is required. 4 x 2600-6 Camlock stud - Ship to Delastek B 4 x 2600-LW Retaining washers - Ship to Delastek B								

27
13 4 18

HJ 6 ML5 13-4-17

CD 13102119①

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION <div style="display: flex; justify-content: space-between;"> <div> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> </div> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 96550

January-31-13 10:25:05 AM

96550

Page 2

Item ID: D350-604-041

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Rear Locker Extender

Start Date: 1/31/13 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 2/22/13 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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120

Receive & Inspect for Damage & Mat'l Certs
Packaging

0.00

120

Packaging

Memo

0.00

Packaging

Ensure a copy of Certification of Conformity and process sheet from Delastek is attached.

1/31/13

Pto →

130

QC5- Inspect part completeness to step on W/O

0.00

130

QC

Memo

0.00

Quality Control

Check hole locations to template. DT 8824 Check process sheet and audit.

DAS 16 13/04/16

140

0.00

140

Small Fab

Memo

0.00

Small Fab

INSTALL DECALS AS PER DWG

1/31/13

[Signature]

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Pat Date: 13/05/05QA Closed: Pat Date: 13/11/05

Work Order: <u>96550</u>	DISPOSITION Rework <input checked="" type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS			
Part No. <u>D350-604-041</u>		Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>
NCR No. <u>13-2528</u>		Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>
		Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>
		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input checked="" type="checkbox"/>	

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data				Poor Finish on outside Primer to ad Part. <i>See Pink 13-2526</i>	DAS 16 9-80 02/01/12 R104/06	Scuff all the primer + Re prim as per 027004 <i>DeLortek Solve</i>	DAS 05 9-80 J.P. 13/04/06	DAS 16 9-80 13/04/06	DAS 16 9-80 027042 13/04/06
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio
	<input type="checkbox"/> Grain
	<input type="checkbox"/> Hardware
	<input type="checkbox"/> Inspection Incomplete
	<input type="checkbox"/> Instructions Incomplete/Unclear
	<input type="checkbox"/> Maintenance
	<input type="checkbox"/> Mislabeled
	<input type="checkbox"/> Misread
	<input type="checkbox"/> Offset
	<input type="checkbox"/> Out of Calibration
	<input type="checkbox"/> Out of Sequence
	<input type="checkbox"/> Outside Dimensions
	<input type="checkbox"/> Ovalized
	<input type="checkbox"/> Over/Under tolerance
	<input type="checkbox"/> Part Incorrect
	<input type="checkbox"/> Part Lost/Missing
	<input type="checkbox"/> Part Moved
	<input type="checkbox"/> Positioned Wrong
	<input type="checkbox"/> Power Loss/Surge
	<input type="checkbox"/> Pressure/Forced
	<input type="checkbox"/> Temperature/Cure
	<input type="checkbox"/> Weld
	<input type="checkbox"/> Wrong Stock Pulled
	<input type="checkbox"/> Other

Work Order ID 96550

96550

Page 3

January-31-13 10:25:05 AM

Item ID: D350-604-041

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Rear Locker Extender

Start Date: 1/31/13 Start Qty: 1.00 *1*

Cust Item ID:

Required Date: 2/22/13 Req'd Qty: 1.00 *1*

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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150

QC5- Inspect part completeness to step on W/O

0.00

150

QC

Memo

0.00

Quality Control

160

Packaging

0.00

160

Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D350-604-041

Location: 052

PPP Rev: _____

170

QC21- Final Inspection - Work Order Release

0.00

170

QC

Memo

0.00

Quality Control

DAS
27
1248

DAS
06
1248

13418

13/4/22

1304-10

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION <div style="display: flex; justify-content: space-around;"> <div> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> </div> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>	
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Picklist Print

January-31-13 10:25:04 AM

Page 1

Work Order ID: 96550

Parent Item: D350-604-041

Parent Item Name: Rear Locker Extender

Start Date: 1/31/13

Required Date: 2/22/13

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:Q03.12.01ReformatKJ/RF IPP REV:R 12.02.07 AS PER ECN12-
521 DD verf:JLM IPP REV:S 12.04.04 AS PER DWG REV.B DD VERF:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
2600-6 Camlock Stud		Purchased	No			110	Each	407.0000	4	4		C213/02/19	
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST380		407							
				120077		4							
				121287		32							
				122441		20							
				122763		5							
				122973		46							
				123150		300			4	4		C213/02/19	
2600-LW Camloc Retaining Washer		Purchased	No			110	Each	420.0000	4	4		C213/02/19	
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST396		420							
				121524		9							
				122317		68							
				122452		43			4				
				123150		300							
D2268 Decal		Manufactured	No			140	Each	22.0000	1	1			
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST008		22							
				69592		2							
				78908		1							
				86752		5							
				88883		14			88883				
D2269 Decal		Manufactured	No			140	Each	13.0000	1	1			
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST008		13							
				88882		13			88882				

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION <div style="display: flex; justify-content: space-around;"> <div> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> </div> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>		AGAINST DEPARTMENT/PROCESS						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data												
Equip/Tooling												
Operator												
Material												
Setup												
Other												
Process												
Supplier												
Training												
Unapproved												

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Picklist Print

January-31-13 10:25:04 AM

Page 2

Work Order ID: 96550

Parent Item: D350-604-041

Start Date: 1/31/13

Required Date: 2/22/13

Parent Item Name: Rear Locker Extender

Start Qty: 1.00

Required Qty: 1.00

D350-604-041P

Purchased

No

110

Each

0.0000

1

1

Rear Locker Extender

1/31/13

January-31-13 10:25:04 AM

Shop Packet Print

Page 2

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

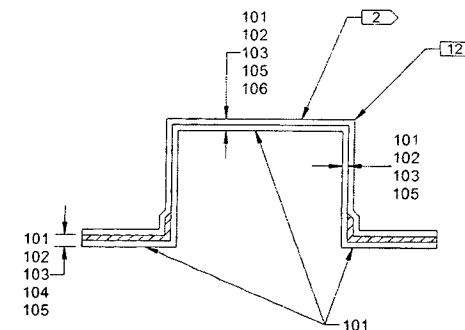
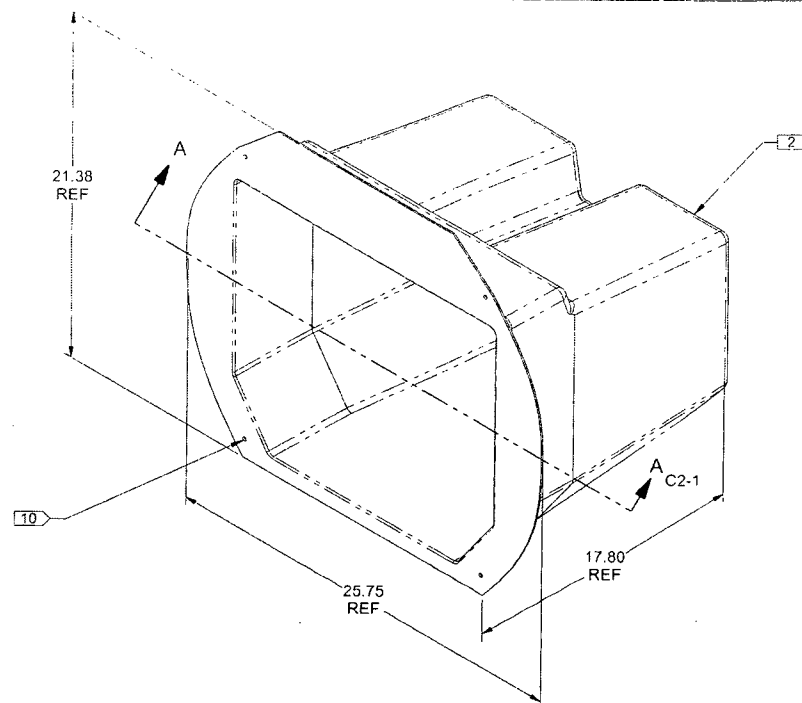
QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other



SECTION A-A
C4-1

D2273 REAR LOCKER EXTENDER

NOTES (OPTION A):

- 1) MATERIALS:
RESIN: DERA KANE 470-36/411/510A40
FIBRE: 9 oz = 9.7 oz 7781 WEAVE "S" GLASS
18 oz = 18.0 oz ROVING "E" GLASS
- 2) FINISH: FINISH THIS SURFACE WITH DUPONT GREY PRIMER
LE 3404-S/LE 1175-S
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: 7.75 lbs NOMINAL, 10.0 lbs MAXIMUM
- 8) LAMINATE PER DART QSI 006
- 9) LAMINATION SCHEDULE PER THIS DRAWING
- 10) LAYUP USING DT8010 MOLD. WET LAYUP NO BAG/VACCUUM
- 11) TRIM & DRILL PER DT8020. OPEN HOLES TO Ø0.257 (4 PLACES)
- 12) CONSTRUCTION:
101-WHITE GLOSS GELCOAT # GEL 2330PAWK745 TO MIN
THICKNESS OF 0.020, MAX THICKNESS OF 0.040
102-9 oz ALL OVER
103-18 oz ALL OVER
104-18 oz REINFORCE FRONT FLANGE EXTENDING 2" ON SIDES
105-9 oz ALL OVER
106-PEEL PLY
- 12) MATTE TO HOLD DOWN CORNERS AS REQUIRED

NOTES (OPTION B):

- 1) MATERIALS:
RESIN: HETRON FR 650 T-20
FIBRE: 1.5 oz RANDOM FIBERGLASS MAT
CATALYST: CADOX M-50A
- 2) FINISH: FINISH THIS SURFACE WITH DUPONT GREY PRIMER
LE 3404-S/LE 1175-S
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: 8.5 lbs NOMINAL, 10.0 lbs MAXIMUM
- 8) LAMINATE PER THIS DRAWING
- 9) LAYUP USING DT8010 MOLD. WET LAYUP NO BAG/VACCUUM
- 10) TRIM & DRILL PER DT8020. OPEN HOLES TO Ø0.257 (4 PLACES)
- 11) CONSTRUCTION:
101-WHITE GLOSS GELCOAT # G730AA1100 TO MIN
THICKNESS OF 0.020, MAX THICKNESS OF 0.040
102-1.5 oz RANDOM FIBERGLASS MAT
103-N/A
104-N/A
105-1.5 oz RANDOM FIBERGLASS MAT
106-N/A
- 12) N/A
- 13) CATALYZE GELCOAT AND RESIN @ 1.5% CADOX M-50A

RELEASED
2012-08-22

G	ADD MANUFACTURING OPTION B, ZN B5-1	DC	12.08.08
F	PRIMER LE 3404-S/LE 1175-S WAS 1144-S, ZN A8-1	DC	12.02.27
E	CHANGED SURFACE FINISH FROM 944W005 GELCOAT TO 2330PAWK745 GELCOAT, ZN A7-1. UPDATED DWG TO CURRENT STANDARDS.	DC	12.02.02
D	REMOVE EPOCAST, ADD SURFACE FINISH	CP	02.04.01
C	CLARIFY MATERIAL, LAYUP, AND TOOLING	RF	02.01.30
B	RE-DRAWN	MM	96.05.27
REV.	DESCRIPTION	BY	DATE
DESIGN	JB	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	BC		
CHECKED	RF	DRAWING NO.	REV. G
MFG. APPR.	HL	D2273	SHEET 1 OF 1
APPROVED	HL	TITLE	SCALE
DE APPR.	HL	350 REAR LOCKER EXTENDER NTS	
DATE	12.08.08	COPYRIGHT © 1996 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 9-6550 MWS
13-01-31



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO19117

Purchase Order Date 2/19/13

PO Print Date 2/19/13

Page Number 1 of 2

Order From :

VU-SOL001

SOLVE COMPOSITES
29 DISTRIBUTION WAY, SUITE 101
PLATTSBURGH, NEW YORK 12901
UNITED STATES OF AMERICA

Contact Name

Vendor Phone

518-324-3838

Vendor Fax

518-324-5530

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

USD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN
HAWKESSBURY, ON K6A 1K7
CANADA

FAXED
C/13/13

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	D350-604-041P	Rear Locker Extender	3/08/13 Yes	1.00 Each	Yellow Standard	\$315.0000	\$315.00
		Special Inst:	AS PER DWG D2273 REV. G OPTION A B96410				
2	D350-604-041P	Rear Locker Extender	3/08/13 Yes	1.00 Each	Yellow Standard	\$315.0000	\$315.00
		Special Inst:	AS PER DWG D2273 REV. G OPTION A B96550				
3	D350-604-041P	Rear Locker Extender	3/08/13 Yes	1.00 Each	Yellow Standard	\$315.0000	\$315.00
		Special Inst:	AS/PER DWG D2273 REV. G OPTION A B97371				

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required **YES** NO

Change Nbr: 1

Change Date: 2/19/13

Solve Composites

Packing List

Bill Dart Aerospace
To: 1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Canada

Ship Dart Aerospace
To: 1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Canada

Shipment No: 14289
Shipment Date: 03/18/13
Ship Via: Yellow Freight
Order Number: 12414
Order Date: 02/19/13

Customer Code: DART
Phone: (613) 632-9577
PO Number: 19117
Terms: Net 30 Days

<u>Item</u>	<u>Quantity</u>					<u>Unit</u>	<u>Description</u>	<u>Revision</u>	<u>Job Number</u>
	<u>Open</u>	<u>Shipped</u>	<u>Back Ord</u>	<u>Canceled</u>					
1	1	1	0			EA	D350-604-041P D350-604-041P Rear Locker Extender SN# B96410	F	12414-01
2	1	1	0			EA	D350-604-041P D350-604-041P Rear Locker Extender SN# B96550	F	12414-02
3	1	1	0			EA	D350-604-041P D350-604-041P Rear Locker Extender SN# B97371	F	12414-03
4	1	1	0			EA	D350-604-041P D350-604-041P Rear Locker Extender SN# B97373	F	12414-04

Packing Clerk's Initials
Solve Composites

Received In Good Order By
Dart Aerospace

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
---	---	---	--	---



Certificate of Conformance

Solve Composites

29 Distribution Way

Plattsburgh, New York, 12901

USA

Dart Aerospace Order Number: 19117

Part Number: D2273

Quantity: 4

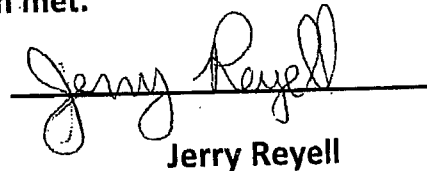
Drawing Number: D2273, DT8020

Serial Number (s): B96410, B96550, B97371, B97373

Date: March, 18, 2013

Non-Conformances: None

This is to certify that the parts identified above conform to all applicable drawings and/or specifications as evidenced by reports on file, and that all other purchase order and quality requirements have been met.


Jerry Reyell

Project Manager

Solve Composites

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other